## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF COMPORATIONS

1996

SIGNATURE 1

DOCUMENT # 745989 (4) CAPRI C ASSOCIATION, INC.									
Principal Place	of Business	Mailing Address							
PRIME MANAGEMENT GROUP, INC.  1051 SOUTH ROGERS CIRCLE  BOCA RATON FL 33487  PRIME MANAGEMENT GR  1051 SOUTH ROGERS CIRCLE  BOCA RATON FL 33487									
W8143						3. Date incorporated or Qualified 02/16/1979	3a. Date of Last 05/01/1		
2. Principal Pla	ace of Business	2a. Mailing Address 26	¬			4. FEI Number 59-1951433	<b>→</b>	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
Crty & State	<del>)</del>	City & State	1			6. Election Campaign Financing	Fee	Required  May Be	
3 7:-	1 6	28				Trust Fund Contribution Added to Fees			
Zip Country 25		Zıp <b>29</b>	Country 30		<u> </u>	<ol> <li>This corporation has liability for intang Florida Statutes</li> </ol>	gible tax under s. es 📉 No	199.032,	
	9. Name and Address of Currer	nt Registered Agent	8	4 1		<ol><li>Name and Address of New Regist</li></ol>	tered Agent		
DAID: C	DONALD		<u> </u>	7 10.11.0					
RAIBLE, RONALD KINGS POINT CAPRI C. APT. 141			8	2 Street	Address	Address (P.O. Box Number is Not Acceptable)			
1051 S ROGERS CIR			8	3					
BOCA R	ATON FL 33487		8	4 City			<b>85</b> Zig	p Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	-named co	orporation	n submits this statement for the purpose	of changing its n	registered office	
or registeri	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorize	ed by the cor	poration's	board of	f directors. I hereby accept the appointment	ent as registered	agent. I am	
SIGNATURE _									
12.	Signature, typed or printed name of registered againt and title if applicable (NOTE Registered Againt and Interior Applicable (NOTE Registered Againt			tered Agent synature required wher reinstating DATE  ADDITIONS OHANGES TO OFFICE ITS AND DIRECTORS IN 12			VENC IAL CO		
TITLE	P	DELETE	1 1 TITLE		T		Change	Addition	
NAME	KRAUSE, SANFORD	FORD 1				ent IBLE, RONALD		<b>→v</b>	
STREET ADDRESS	143 CAPRI C		13 STRE	ET ADDRESS	630	300 PARK OF COMMERCE BLVD.			
CITY-ST-ZIP	DELRAY BEACH FL	Porters	1.4 CiTY			CA RATON, FL 3387	· · · · · · · · · · · · · · · · · · ·		
TITLE	DV	DELETE	2 1 TrTLE				☐ Change	Addition	
NAME STREET ADDRESS	Borenstein, Henry 128 Capri C								
CITY - ST - ZIP	DELRAY BEACH FL	N. A. 1974		ET ADDRESS					
TITLE	S S	DELETE	2 4 City 3 1 Tifle		<u> </u>		☐ Change	Addition	
NAME	TROSKIN, SYLVIA	<del></del>					ondinge		
STREET ADDRESS	KINGS PT. CAPRI C 101			I ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP					
TITLE	TD	□ DELETE	4 1 TITLE				☐ Change	Addition Addition	
NAME	Wanderman, Fred		4 2 NAM	E	İ	500001000			
STREET ADDRESS	KINGS PT. CAPRI C 133		4.3 STREE	STREET ADDRESS		500001808 -05/06/9601016-	145		
CITY-ST-ZIP	DELRAY BEACH FL		44 CITY	ST - ZIP		***857.50			
TITLE	0	DELETE	5 1 TITLE				Change	Addition	
NAME	ASCH, ALEX		5.2 NAME						
STREET ADDRESS				5.3 STREET ADDRESS					
City-St-Zip Title	DELRAY BEACH FL D	DELETE	5 4 CITY -	S1 - ZIP	-		☐ Change	Addition	
NAME	RADO, NAT		6 2 NAME				L M	λ. γν	
STREET ADDRESS	KINGS PT. CAPRI 130			T ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 64			ST-ZIP		3-14-96			
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furni	shed and do	es not oua	alify for the	e exemption stated in Section 119 07(3)(I	Id. Florida Statute	on I further	
oath; that I	am an officer or director of the corpo	ration or the receiver or trustee	iai report is ti empowered	to execut	ccurate an te this rep	nd that my signature shall have the same nort as required by Chapter 617, Florida S	legal effect as if Statutes; and tha	made under it my namie	

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